

FILED  
NOV 02 2007  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

Plaintiff(s) FERNANDO FONTANEZ )

Case Number: \_\_\_\_\_

V. )

Defendant(s) DEPARTMENT OF HOMELAND SECURITY )  
AGENT JEFFREY DABE )  
GENERAL COUNSEL GUS P. COLDEBELLA )

Judge: \_\_\_\_\_

MOTION FOR APPOINTMENT OF COUNSEL

[NOTE: Failure to complete all items in this form may result in the denial of the motion for appointment of counsel]

1. I, FERNANDO FONTANEZ, declare that I am the (check appropriate box)  
☒ plaintiff ☐ defendant in the above-entitled proceeding and state that I am unable to afford the services of an attorney, and hereby request the Court to appoint counsel to represent me in this proceeding.
2. In support of my motion, I declare that I have made the following attempts to retain counsel to represent me in this proceeding [NOTE: This item *must* be completed]:

07CV6217  
JUDGE HART  
MAGISTRATE JUDGE ASHMAN

3. In further support of my motion, I declare that (check appropriate box):  
☐ I am not currently, nor previously have been, represented by an attorney appointed by the Court in this or any other civil or criminal proceeding before this Court.  
☒ I am currently, or previously have been, represented by an attorney appointed by the Court in the proceeding(s) described on the back of this page.
4. In further support of my motion, I declare that (check appropriate box):  
☐ I have attached an original Application for Leave to Proceed *In Forma Pauperis* in the proceeding detailing my financial status.  
☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding, and it is a true and correct representation of my financial status.  
☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding. However, my financial status has changed and I have attached an Amended Application to Proceed *In Forma Pauperis* to reflect my current financial status.
5. I declare under penalty that the foregoing is true and correct.

Movant's Signature

Street Address

Date

City, State, ZIP

NOV 2 2007

P.O. Box 578941

CHICAGO ILLINOIS 60657

As indicated in paragraph three on the preceding page, I am currently, or previously have been, represented by an attorney appointed by this Court in the civil or criminal actions listed below.

Assigned Judge:	<u>JUDGE VALDEZ</u>	Case Number:	<u>07 CV 976</u>
Case Title:	<u>FONTANEZ VS. KLOUSHABA</u>		
Appointed Attorney's Name:	<u>MYRON MACLOFF</u>		
If this case is still pending, please check box	<input checked="checked" type="checkbox"/>		

Assigned Judge:		Case Number:	
Case Title:			
Appointed Attorney's Name:			
If this case is still pending, please check box	<input type="checkbox"/>		

Assigned Judge:		Case Number:	
Case Title:			
Appointed Attorney's Name:			
If this case is still pending, please check box	<input type="checkbox"/>		

Assigned Judge:		Case Number:	
Case Title:			
Appointed Attorney's Name:			
If this case is still pending, please check box	<input type="checkbox"/>		

11/74



State of Illinois  
Department of Human Services

SEQ: 2729

NOTICE OF DECISION ON APPLICATION FOR CASH,  
MEDICAL AND/OR FOOD STAMPS

DATE OF NOTICE	CAT.	L.O.	GRP.	BASIC	CASELOAD NUMBER
JULY 05, 2007	P3	217	03	H23916	904

FONTANEZ, FERNANDO 217  
PO BOX 578941  
CHICAGO, IL 60657-8941

LOCAL OFFICE  
ADDRESS

WICKER PARK LOCAL OFFICE  
1279 N. MILWAUKEE, 3RD FL  
CHICAGO, IL 60622-2296

THIS NOTICE TELLS YOU WHAT ASSISTANCE YOU WILL GET AND WHO WILL GET IT. THIS NOTICE ALSO TELLS YOU WHAT ASSISTANCE YOU WILL NOT GET AND WHY. THE NOTICE THEN TELLS YOU HOW YOU CAN APPEAL IF YOU DISAGREE WITH OUR DECISIONS.

LOCAL OFFICE TELEPHONE NUMBER: (773) 292-2900  
FOR THE HEARING IMPAIRED WHO HAVE A  
TELEPHONE DEVICE FOR THE DEAF (TTY), CALL: (773) 227-3735

REGARDING YOUR APPLICATION FOR FOOD STAMPS FILED ON: 06/01/07 AND  
REGARDING YOUR APPLICATION FOR ASSISTANCE FILED ON: 05/10/07

THE FOLLOWING PEOPLE WILL RECEIVE CASH ASSISTANCE UNDER THE AABD PROGRAM  
AND MEDICAL ASSISTANCE UNDER THE MEDICAID PROGRAM.

NAME	RECIPIENT NUMBER
FERNANDO FONTANEZ	058442633

YOU CAN EXPECT YOUR FIRST CHECK IN THE AMOUNT OF \$ 176.49 ON OR ABOUT JULY 09, 2007  
TO COVER YOUR NEEDS FROM JULY 02, 2007 THROUGH JULY 31, 2007. THEREAFTER YOU  
CAN EXPECT YOUR FIRST REGULAR MONTHLY CHECK OF \$ 100.00 ON OR ABOUT AUGUST 10, 2007.

YOU AND/OR YOUR FAMILY ARE ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE BEGINNING 05/01/07.

YOU WILL RECEIVE A MEDICAL ELIGIBILITY CARD IN THE MAIL. IF YOU OR A FAMILY MEMBER  
WILL NEED A MEDICAL CARD SOONER, ASK YOUR CASEWORKER FOR A TEMPORARY MEDICAL  
ELIGIBILITY CARD. THE UNPAID CHARGES FOR MEDICAL SERVICES PROVIDED TO THE PERSONS  
LISTED ABOVE WILL BE PAID BY THE DEPARTMENT OF PUBLIC AID, IF THEY ARE WITHIN ITS  
STANDARDS, ARE NOT COVERED BY INSURANCE OR OTHER MEDICAL BENEFITS AND PROVIDED BY  
A VENDOR WHO IS CURRENTLY ENROLLED WITH THIS DEPARTMENT. TAKE YOUR MEDIPLAN  
CARD TO THE MEDICAL PROVIDER SO THAT THE VENDOR CAN BILL THE DEPARTMENT OF PUBLIC  
AID FOR UNPAID CHARGES.

MEDICAL BACKDATE

YOU HAVE NOT ASKED US TO PAY ANY MEDICAL BILLS YOU HAVE PRIOR TO THE MONTH IN  
WHICH YOU APPLIED FOR MEDICAL ASSISTANCE.

FOOD STAMP BENEFITS:

THE FOLLOWING PEOPLE HAVE BEEN APPROVED FOR FOOD STAMP BENEFITS:

FERNANDO FONTANEZ

YOUR REGULAR MONTHLY BENEFITS WILL BE AVAILABLE APPROXIMATELY 08/10/07. THEY WILL BE  
IN THE AMOUNT OF \$ 155.00 UNLESS YOU ARE NOTIFIED OTHERWISE.  
THE AMOUNT YOU RECEIVE MAY BE LOWER IF YOU ARE REPAYING A PRIOR OVERPAYMENT.  
YOU HAVE BEEN CERTIFIED TO RECEIVE FOOD STAMPS THROUGH 05/08.